



Maricopa County  
Environmental Services

**Transmittal for Approval to Construct (ATC)**  
(cover letter explaining request and list of attachments)  
(please print legibly)

**What type of review are you requesting from our department?**

**Date:** \_\_\_\_\_  
Person dropping off project: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Engineer's name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**To:** (circle name of intended recipient)  
Barb LaSota, Cindy Furze, Tom Chisholm, Wes Shoner, Steven Borst  
Maricopa County Environmental Services Department  
Subdivision Infrastructure and Planning Program  
1001 N. Central Avenue, Suite 711  
Phoenix, AZ 85004-1940  
602-506-6675 or 602-506-1058  
Fax 602-506-5813

**Application check off list for Approval to Construct**

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Approval to Construct application   |  |
| <input type="checkbox"/> | plans signed and sealed by engineer |  |
| <input type="checkbox"/> | water design report                 |  |
| <input type="checkbox"/> | sewer design report                 |  |
| <input type="checkbox"/> | sewer capacity letter               |  |
| <input type="checkbox"/> | fee - <b>Expedited</b>              | Yes <input type="checkbox"/> No <input type="checkbox"/> |



## Application for Approval to Construct and/or Provisional Verification of General Permit Conformance \*\* for Water/Wastewater Facilities

- |  |  |
|--|--|
| <input type="checkbox"/> New Public Water Supply (PWS) system                          | <input type="checkbox"/> New sewage collection system        |
| <input type="checkbox"/> Extension/modification to existing public water supply system | <input type="checkbox"/> Reclaimed water distribution System |
| <input type="checkbox"/> Extension/modification to existing sewage collection system   | <input type="checkbox"/> Soils Report / Other                |

- |                                  |                                   |                                      |
|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> On-Site | <input type="checkbox"/> Off-Site | <input type="checkbox"/> Master Plan |
|----------------------------------|-----------------------------------|--------------------------------------|

"On-site, Off-site and Master Plan projects require separate applications"

**1. Project Name:** \_\_\_\_\_

Project Description: \_\_\_\_\_

**2. System information required**

Water Supply Provider \_\_\_\_\_

Water PWS# 0407 \_\_\_\_\_

Sewage Collection System Owner \_\_\_\_\_

Facility Name \_\_\_\_\_

Sewage Treatment Facility Owner \_\_\_\_\_

**3. Quantity:** Number of water connections \_\_\_\_\_ Number of sewer connections \_\_\_\_\_

WaterLine	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.

L.F. Total \_\_\_\_\_

Site \_\_\_\_\_

(County, City or Town)

Section \_\_\_\_\_

Sewer Line	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.
	L.F. _____	Size _____ in.

L.F. Total \_\_\_\_\_

TWN \_\_\_\_\_ Range \_\_\_\_\_

**\*\* This application constitutes the Notice of Intent to Discharge referenced by R18-9-A301.B.**

**"NO APPLICATION WILL BE ACCEPTED UNLESS FULLY COMPLETED "**



**Application for Approval to Construct and/or  
Provisional Verification of General Permit Conformance \*\*  
for  
Water/Wastewater Facilities**

**4. Name of Project Engineer:** \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext \_\_\_\_\_ Fax Number \_\_\_\_\_

**Name of Project Engineer's Firm or Corporation:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**5. Applicant Name:** \_\_\_\_\_ Job Title \_\_\_\_\_

(Please print legibly)

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext \_\_\_\_\_ Fax Number \_\_\_\_\_

**6. Authorization**

The applicant hereby authorizes the review of project plans as described for approval to construct and/or provisional verification of conformance under General Aquifer Protection Permit 4.01.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date

**\*\* This application constitutes the Notice of Intent to Discharge referenced by R18-9-A301.B.**

**"NO APPLICATION WILL BE ACCEPTED UNLESS FULLY COMPLETED"**

**Department use only**

**Water MCESD#** \_\_\_\_\_

**Check Number** \_\_\_\_\_

**Sewer MCESD#** \_\_\_\_\_

**Amount paid** \_\_\_\_\_

**Other MCESD#** \_\_\_\_\_